

F22000005330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

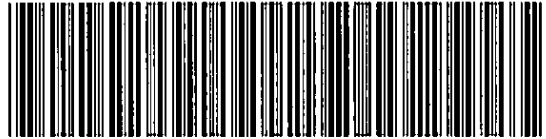
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S. FRANKLIN

MAY 26 2022

12cc  
5/25/22

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEGAFORMS, INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

IRWIN COHEN

Name of Person

Firm/Company

600 SE 5TH AVE UNIT 607S

Address

BOCA RATON FLORIDA 33432

City/State and Zip code

megaforms@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

irwin cohen

at (516) 359-2270

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. MEGAFORMS, INC  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 11-2676264  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/08/1989 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. APRIL 1, 2022  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 600 SE 5TH AVE UNIT 607S, BOCA RATON FLORIDA 33432  
(Principal office street address)  
\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: INCORP SERVICES INC

Office Address: 17888 6TH COURT NORTH  
LOXAHATCHER, Florida 33470  
(City) (Zip code)

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

**See ATTACHED**

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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TALLAHASSEE, FLORIDA

# A. DIRECTORS

☒ Chairman Name: IRWIN COHEN

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director 600 SE 5TH AVE UNIT 607S

☒ President BOCA RATON, FL 33432

☐ Vice President \_\_\_\_\_

☒ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

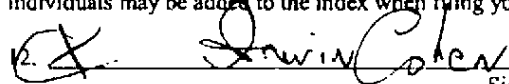
☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. IRWIN COHEN, DIRECTOR AND PRESIDENT

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA



3773 Howard Hughes Parkway Suite 500S  
Las Vegas, NV 89169-6014

Phone 702.866.2500  
Toll-Free 800.2.INCORP (1-800-246-2677)  
Fax 702.866.2689

[www.incorp.com](http://www.incorp.com)

**Corporations Division**

Florida Department of State  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

To Whom It May Concern:

InCorp Services, Inc., an authorized Corporate Registered Agent in Florida, whose office  
is located at

herein consents to act as Registered Agent for

Having been named as registered agent and to accept service of process for the above  
stated corporation at the place designated in this certificate, I hereby accept the  
appointment as registered agent and agree to act in this capacity. I further agree to  
comply with the provisions of all statutes relating to the proper and complete  
performance of my duties, and I am familiar with and accept the obligations of my  
position as registered agent as provided for in Chapter 605, F.S.

If you have any questions, please contact me at (800) 246-2677 from 8:00 a.m. to 5:00  
p.m. PST.

Sincerely,

Isabel Burgos on behalf of InCorp Services, Inc.

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STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: MEGAFORMS INC.  
DOS ID Number: 893458  
Entity Type: DOMESTIC BUSINESS CORPORATION  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 02/08/1984  
Statement Status: CURRENT  
Statement Due Date: 02/29/2024

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TALLAHASSEE, FLORIDA

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: CERTIFICATE OF INCORPORATION  
Date of Filing: 02/08/1984  
Entity Name: WYNN BUSINESS SYSTEMS INC.

Document Type: CERTIFICATE OF AMENDMENT  
Date of Filing: 03/04/1986  
Name Changed To: MEGAFORMS INC.

Document Type: BIENNIAL STATEMENT  
Date of Filing: 05/12/1994  
Effective Date: 02/01/1994

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 05/12/1998  
**Effective Date:** 02/01/1998

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 07/24/2000  
**Effective Date:** 02/01/2000

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 09/04/2002  
**Effective Date:** 02/01/2002

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 04/04/2006  
**Effective Date:** 02/01/2006

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 02/21/2008  
**Effective Date:** 02/01/2008

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 03/22/2010  
**Effective Date:** 02/01/2010

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 05/12/2014  
**Effective Date:** 02/01/2014

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 05/10/2022  
**Effective Date:** 02/01/2022

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TALLAHASSEE, FLORIDA

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department  
of State, at the City of Albany, on May 10, 2022 at  
11:56 A.M.

ROBERT J. RODRIGUEZ, Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State